TEACHER'S RETIREMENT SYSTEM
479 VERSAILLES ROAD
FRANKFORT, KY 40601-3800

COMPLETE FORM AS ACCURATELY AS POSSIBLE
INFORMATION NEEDED FOR REASONABLE ESTIMATES OF RETIREMENT BENEFITS

SECTION 1

MEMBER: _____   _____
            Name   Social Security Number

_____
                                    Address

_____
            Birthdate

BENEFICIARY: _____   _____
                        Name   Birthdate

SECTION2: CURRENT SALARY AND SERVICE INFORMATION

PROJECTED RETIREMENT DATE: _____

CURRENT SCHOOL/FISCAL YEAR CONTRACTED SALARY: $_____

NUMBER OF DAYS IN NORMAL CONTRACT YEAR: _____

ESTIMATED EARNED SALARY <u>IF NOT</u> COMPLETING CURRENT CONTRACT YEAR: _____

ESTIMATED DAYS WORKED <u>IF NOT</u> COMPLETING CURRENT CONTRACT YEAR: _____

SECTION 3: ACCUMULATED SICK LEAVE INFORMATION

(A) IF YOUR EMPLOYER IS GOING TO PAY YOU A LUMP SUM FOR ACCUMULATED SICK LEAVE, WHAT IS THE SICK LEAVE PAYMENT AS CALCULATED BY YOUR EMPLOYER $_____?

(B) IF EMPLOYER DOES NOT PAY LUMP SUM PAYMENT:
DOES EMPLOYER PAY TRS FOR ACCUMULATED SICK DAYS? ☐ YES ☐ NO
IF YES, NUMBER OF ACCUMULATED DAYS AT RETIREMENT: _____

(C) EMPLOYER HAS NOT ADOPTED A SICK LEAVE POLICY ☐

SECTION 4: PROJECTED SALARY INFORMATION, IF APPLICABLE.

If projected retirement date is beyond July 1 of current school/fiscal year, please complete the following:

Your estimated salary for each year that your projected retirement date is beyond July 1 of the current year.				
$ _____	$_____	$ _____	$_____	$ _____
20 ____ -20 ____	20 ____ -20 ____	20 ____ -20 ____	20 ____ -20 ____	20 ____ -20 ____